

Request for Confidential Criminal Justice Information

Requesting Party: _____

Defendant or Suspect: _____

Cause or Case Number: _____

Relationship to Defendant or Suspect: _____
(e: victim, spouse, parent, etc)

Date of Incident: _____

Location of Incident: _____

Deputy or Officer Involved: _____

Documents requested: _____

Print Requesting Party Name: _____

I acknowledge and understand that I am requesting the release of Confidential Criminal Justice Information and that the information I receive is not to be disseminated or released to anyone else.

Requesting Party Signature: _____

Requesting Party Phone Number: _____

Date: _____
(mm/dd/yyyy)

SUBSCRIBED AND SWORN TO before me this ___ day of _____, _____
(Month) (Year)

(NOTARIAL SEAL)

Notary Public, State of Montana
Residing at: _____
My Commission expires: _____

* Please indicate where you would like the requested documents sent.

Address: _____

Email: _____

Fax: _____

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* Only the defendant, victims, or certain family members are entitled to receive a copy of CCJI. Please be aware that this request for CCJI may be denied if you are not entitled to these reports per §44-5-303, MCA.

** Also please be aware that this information is not to be disseminated or released to anyone else.

Please complete this form to the best of your ability, the more information we have such as dates, parties names, officer names, etc., the better able we are to search for this incident or report.

Please return this form to:
Jefferson County Attorney's Office
PO Box H
Boulder, MT 59632
Fax: (406) 225-4049
E-mail: kdoherty@jeffersoncounty-mt.gov